



**DEPARTMENT OF MENTAL HEALTH
DMH/DHS HEALTH CARE COLLABORATION PROGRAM
Internal Policies and Procedures**

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DMH HWLA MEMBER APPEAL PROCESS	TBA	7/1/2011	1 of 11
APPROVED BY:		ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S)
		DRAFT	DMH

1.0 PURPOSE:

- 1.1 To provide a full and fair process for members to appeal a decision they find unacceptable regarding mental health services.
- 1.2 To delineate the process for investigating and responding to DMH Healthy Way LA (HWLA) members' appeals regarding mental health services.

2.0 POLICY:

- 2.1 DMH HWLA provides a process for thorough, appropriate and timely resolution of member appeals in accordance with state and federal rules.

3.0 DEFINITIONS:

- 3.1 Member: An individual enrolled in the HWLA Program and requesting/receiving DMH Services.
- 3.2 Appeal: A request from a member for review of an "Action."
 - 3.2.1 Standard Appeal: A formal appeal process whereby a member exercises his or her right to obtain a review of an Action within the standard period of time. Standard appeals are resolved within forty-five (45) days of receipt of the appeal.
 - 3.2.2 Expedited Appeal: A formal appeal process whereby the appeal and the final determination of that appeal are made and notice provided to the member within a timeframe not to exceed three (3) business days from receipt of the appeal. Appeals are expedited when waiting for a standard decision could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function.



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3.3 *“Action”* any of the following:

1. A denial or limited authorization of a requested service, including the type or level of service;
2. A reduction, suspension, or termination of a previously authorized service;
3. A failure to provide services in a timely manner;
4. A failure of DMH HWLA to act within the timeframes established for resolving grievances and appeals.

3.4 *Grievance*: An expression of dissatisfaction about a matter other than an Action.

3.5 *State Fair Hearing*: An administrative hearing process carried out by California Department of Social Services (DSS) to resolve disputes regarding an Action.

3.6 *Day*: Unless otherwise specified, “day” means calendar day.

3.7 *Hearing*: A telephone or in person process in which information is presented to the decision maker. A hearing includes the ability to examine or cross examine witnesses.

4.0 IMPLEMENTATION REQUIREMENTS & SUMMARY PROCEDURES:

4.1 DMH HWLA members will be provided with detailed information about their appeal rights and instructions on how to file an appeal of an Action. Appeal forms will be available at the clinic/provider sites and DMH Patients’ Rights Office. Appeal forms will be provided to any member wishing to file an appeal.

4.2 *FILING AN APPEAL*– DMH HWLA members, a designated representative, or a provider acting on the member’s behalf, may file an appeal with DMH Patients’ Rights by telephone, in writing, fax, or in person.

4.2.1 When the member expresses a wish to file an appeal, DMH Patients’ Rights will explain the appeal procedure and assist the member in completing the form if applicable.

4.2.2 Appeal forms are available at the clinic/provider site and the DMH Patients’ Rights office. Appeal forms will be provided to any member wishing to file an appeal.



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Members may submit an appeal verbally, in a written note/letter, or by completing an appeal form. Verbal appeals must be confirmed in writing.

- 4.2.3 A member may designate a representative to assist her/him in the appeal.
- 4.2.4 HWLA members must file an appeal within sixty (60) days of the date of the Notice of Action.
- 4.2.5 When the member files an appeal, DMH Patients' Rights will document the appeal on the Appeal Log.
- 4.2.6 At the time of filing the appeal, the member may present facts, evidence or law in support of his or her position.

4.3 RECEIPT OF APPEAL – Subsequent to receipt of the written appeal, the DMH Patients' Rights Office is responsible for recording all appeals in the Appeal Log and/or an electronic database. Documents received describing the member's concerns will be date-stamped upon receipt.

4.4 The database for each appeal shall reflect the following information:

- 4.4.1 Date and time appeal was filed by the member
- 4.4.2 Date and time appeal was received
- 4.4.3 Member's name
- 4.4.4 Member's HWLA identification number
- 4.4.5 A description of the reasons for appeal



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- 4.4.6 The name of the staff person receiving the appeal
- 4.4.7 Date acknowledgement letter was sent
- 4.4.8 The name of the staff person responsible for resolving the appeal
- 4.4.9 A description of the actions taken by DMH Patients' Rights to investigate the appeal
- 4.4.10 Decision made
- 4.4.11 Date of decision
- 4.4.12 Whether the appeal was decided in favor of the member
- 4.4.13 Date decision letter was sent
- 4.4.14 Final date by which a request for State Fair Hearing must be requested
- 4.4.15 Final status

4.5 CREATING AN APPEAL FILE

- 4.5.1 DMH Patients' Rights will create a paper appeal case file referencing the member's name and identification number. The DMH Patients' Rights will record the appeal using the Appeal Log and Appeal Data System.

4.6 PROCESSING STANDARD APPEALS

- 4.6.1 Members must file an appeal within sixty (60) days of the date of the Notice of Action letter. Appeals filed outside this period will be summarily denied.
- 4.6.2 DMH Patients' Rights will send written acknowledgement of the appeal to the member within seven (7) days. Oral inquiries seeking to appeal an action will be treated as an appeal and confirmed in writing by DMH Patients' Rights unless the member or provider requests an expedited decision.
- 4.6.3 DMH Patients' Rights will investigate the appeal and findings and hearings will occur as provided for in sections 4.12, 4.13, and 4.14 below and DMH Patients' Rights will render a decision within forty-five (45) days from DMH HWLA's receipt of the appeal.



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4.7 EXTENDING STANDARD APPEAL TIMEFRAMES

The forty-five (45) day timeframe may be extended by an additional fourteen (14) days if:

4.7.1 The member requests the extension; or

4.7.2 DMH HWLA needs additional information and the delay is in the best interest of the member. In this case, DMH HWLA will provide the member with written notification of the reason for the delay before forty-five (45) days have expired.

4.8 PROCESSING EXPEDITED APPEALS

4.8.1 The member or provider may request an expedited review of an appeal if waiting forty-five (45) days for a standard appeal determination could seriously jeopardize the member's life or well-being.

4.8.2 The DMH Patients' Rights will review the expedited appeal, render a decision, and assure that notice to the member is given within three (3) business days of the member's or provider's request.

4.9 EXTENDING EXPEDITED APPEAL TIMEFRAMES

The three (3) business day timeframe may be extended by up to fourteen (14) calendar days if:

4.9.1 The member requests an extension; or

4.9.2 DMH HWLA needs additional information and the delay is in the best interest of the member. In this case, DMH HWLA will provide the member with written notification of the reason for the delay before the three (3) business days have expired.

4.10 DENIAL OF REQUESTS FOR EXPEDITED APPEAL

4.10.1 Before expediting an appeal, the DMH Patients' Rights reviews the case for evidence of imminent and serious threat to a member's health and well-being.

4.10.2 If the case does not meet the expedited appeal criteria, as determined by DMH Patients' Rights, DMH Patients' Rights will promptly give oral notification of the denial of the request for expedited appeal to the member, the clinic/provider and DMH.



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4.10.3 DMH Patients' Rights will send written notice to the member within two (2) days. The notice will include a right to grieve the determination not to expedite the appeal.

4.10.4 The appeal is then transferred to the timeframe for standard appeal processing – forty-five (45) days from receipt of request.

4.11 CASE REVIEW

4.11.1 DMH Patients' Rights staff will investigate and will review the information and paperwork, supporting documents, and request records as appropriate that were used to make the decision. DMH Patients' Rights will review the paperwork and supporting documents and request medical records as appropriate.

4.11.2 DMH Patients' Rights will investigate all identified appeal issues and review relevant records, other written notes, documents, and other information. This investigation will include the review of any facts, evidence, or legal arguments provided by the member at the time of filing the appeal or later.

4.11.3 Members will be informed in the appeal acknowledgement letter that they should submit evidence to DMH Patients' Rights within ten (10) days of the date on the letter. Materials received from the member after ten (10) days have passed from the date of the appeal acknowledgment letter may, but do not have to, be considered in making the final decision.

4.12 APPEAL REVIEWERS

4.12.1 The individual making a decision on the appeal must not be involved in any previous level of review or decision.

4.12.2 A physician or other mental health care professional with the appropriate clinical expertise in treating the member's condition must review the following:

4.12.2.1 An appeal of a denial based on medical necessity



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4.12.2.2 An appeal regarding denial of expedited resolution of an appeal

4.12.2.3 An appeal that involves clinical issues

4.13 APPEAL HEARING PROCESS

4.13.1 Members and their representatives have the opportunity, before and during the appeals process, to examine the member's case file, including records (except in certain limited situations), and any other documents under consideration in the appeal.

4.13.2 Members are informed in the appeal acknowledgement letter that they should request a hearing from DMH Patients' Rights within ten (10) days of the date on the appeal acknowledgement letter. Hearings will only occur if requested by the member within the appropriate timeframe.

4.13.3 Appeal hearings will take place during normal business hours.

4.13.4 A list will be established of people to be on appeal panels.

4.13.5 The original decision maker and the decision maker on appeal must be present during the hearing.

4.13.6 An internal scheduling process will be developed to identify times that panel members are available. Two time options will be made available to the member who requested the appeal.

4.13.7 One hour will be scheduled for the hearing. The hearing will take place no earlier than twenty (20) days and no later than thirty-five (35) days after the appeal was filed.

4.13.8 The hearing may take place in person or on the telephone. Members and their representative will be provided a reasonable opportunity to present evidence and allegations of fact or law, and cross examine witnesses.

4.13.9 During the hearing a sign-in sheet will be circulated. Minutes will be taken and will include the names of participants, name of person representing member (as appropriate), and a short summary of the information provided. The hearing will not be recorded by a court reporter, but may be taped for the convenience of the decision maker at his or her discretion.



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4.14 FORMAL NOTICE OF APPEAL DECISION

DMH HWLA will provide the member with a written notice of the appeal decision (decision letter). The appeal decision letter must include the following elements, when applicable:

- 4.14.1 The results of the decision process and the date it was completed.
- 4.14.2 The specific reasons for the appeal decision, in easily understandable language.
- 4.14.3 At the discretion of the reviewer, a reference to the benefit provision, guideline, protocol, or other similar criterion on which the appeal decision was based.
- 4.14.4 A description of the next level of appeal, if the appeal is not resolved wholly in favor of the member, to include the following:
 - 4.14.4.1 Current information and process for requesting a State Fair Hearing to the Department of Social Services, including the time-frames required for submission.
 - 4.14.4.2 The right to request to receive the contested benefits while the hearing is pending, and how to make that request.
 - 4.14.4.3 That the member may be held liable for the cost of the contested benefits if the hearing decision upholds DMH HWLA's appeal decision.
 - 4.14.4.4 A request that the member notify DMH Patients' Rights if he or she requests a State Fair Hearing.

4.15 CONTINUATION OF COVERED SERVICE BENEFITS

4.15.1 DMH HWLA will continue to provide the covered but contested service benefits for members during the internal appeal process or the State Fair Hearing (SFH) process if all the following conditions are met:

- 4.15.1.1 the member or provider files the appeal within ten (10) days from the date of mailing the Notice of Action, which is assumed to be the date on the Notice of Action;
- 4.15.1.2 the appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
- 4.15.1.3 the services were ordered by a DMH HWLA provider;



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4.15.1.4 the period covered by the original authorization has not expired; and

4.15.1.5 the member requests an extension of benefits.

4.15.2 The contested service benefits will continue to be provided until one of the following occurs:

4.15.2.1 the member withdraws the appeal;

4.15.2.2 ten (10) days pass after DMH Patients' Rights mails the appeal decision letter; unless the member requests, within ten (10) days of receiving the Decision letter, a SFH with continuation of benefits;

4.15.2.3 benefits were provided pending the SFH and a SFH decision is reached which is adverse to the member;

4.15.2.4 the time period or service limits of the previous authorization has been met.

4.16 STATE FAIR HEARING PROCESS

4.16.1 Exhaustion of the internal appeal process is required of a member prior to filing a request for a State Fair Hearing (SFH) to appeal an Action.

4.16.1.1 A SFH must be requested within ninety (90) days of the date of the Decision Letter of the internal appeal of an Action.

4.16.1.2 DMH HWLA will be a party to the SFH.

4.17 NON-DISCRIMINATION

DMH HWLA and DMH clinics/providers will not discriminate against a member (including disenrollment of the member) for filing an appeal. DMH HWLA will not discriminate against a member based on disability, or cultural/linguistic needs. DMH HWLA will ensure that all members have access to and can fully participate in the appeal process by providing assistance to members with Limited English Proficiency and/or with a visual or other communicative impairment. Such assistance will include, but is not limited to, translation and/or interpretation services in the member's preferred language related to appeal procedures, forms, and responses to appeals. Additionally, DMH HWLA will provide access to interpreters, telephone relay systems, and other devices that aid persons with disabilities with communication.



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4.18 REPORTING

4.18.1 DMH Patients' Rights will submit a monthly Appeal Report to the HWLA Administrative Grievance and Appeal Coordinator by the fifth (5) day of the following month. The reports can be combined with the monthly Grievance Reports. If DMH Patients' Rights reports no appeals, the report will reflect the following: "No Appeals Received." Reports must be signed and dated by a representative of DMH Patients' Rights.

4.18.2 DMH Patients' Rights will report appeal information to regulatory agencies as required.

5.0 MONITORING MECHANISM AND ACCOUNTABILITY:

5.1 The DMH Patients' Rights Director or Designee will monitor the appeal process. Periodic evaluations of the process will be performed to determine effectiveness. Modifications will be made where necessary to ensure adequate and timely response to members. The DMH Patients' Rights Director or Designee will oversee the member appeal process to ensure compliance with the State's required time frames.

5.2 Each DMH clinic/provider shall designate a facility liaison to coordinate appeal procedures with DMH Patients' Rights.

5.3 All DMH clinics, providers, and staff are required to cooperate with DMH Patients' Rights in the member appeal process and to comply with all final determinations reached through the DMH HWLA appeals procedure and SFH.

5.4 DMH Patients' Rights staff conducts appeal training to internal and external personnel. This includes a section on preventing discrimination against members.

6.0 PRIVACY AND SECURITY:

6.1 Member appeal data is secure and individual member information is not shared with any other entity not involved in the appeal process.



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7.0 AUTHORITY:

- 7.1 Title 42, Code of Federal Regulations, Sections 438.400 and following
- 7.2 Centers for Medicare & Medicaid Services Special Terms and Conditions 11-W-001939/9 California Bridge to Reform Demonstration, California Health and Human Services Agency

8.0 SOURCES AND REFERENCE:

- 8.1 Department of Health Care Services, California Bridge to Reform Waiver Hearings and Appeals Process for Low Income Health Programs – DHCS Revised Draft 04/26/2011
- 8.2 DMH HWLA Member Grievance Process Policy & Procedure Number 0001

Unit Manager: _____ Date _____

Name:

Title:

Approved: _____ Date _____

Name:

Title:

Approved: _____ Date _____

Name:

Title: